

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. *.....

Place of Birth Miami County Gila No. St.

SEX OF CHILD*	Twin Triplet or other?		and		Number in order of birth
<u>Female</u>					

DATE OF BIRTH* Feb 5 1915
(Month) (Day) (Year)

FULL NAME	FATHER
<u>Alexander Donald Urganhart</u>	
FULL MAIDEN NAME	MOTHER
<u>Maggie Monteath Steel</u>	

I HEREBY CERTIFY that the child described herein has been named
Isobel Steel Urganhart
(Give name in full) (Surname)
Maggie Steel Urganhart
(Parent's Signature)
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41